

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street) 2600 Virginia Ave NW Suite 200 Washington DC 20037 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00255695 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2009 through 01 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aaron Starr

Signature of Treasurer Electronically Filed by Aaron Starr Date 02 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3178.48
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	3178.48									
(c) Total Receipts (from Line 19) .....	104349.10	104349.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107527.58	107527.58								
7. Total Disbursements (from Line 31) .....	84591.39	84591.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22936.19	22936.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	41423.80									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43900.00	43900.00
(i) Itemized (use Schedule A) .....	60228.10	60228.10
(ii) Unitemized .....	104128.10	104128.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	104128.10	104128.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	221.00	221.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	104349.10	104349.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	104349.10	104349.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	84291.39	84291.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	84291.39	84291.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	300.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	300.00	300.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	84591.39	84591.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84591.39	84591.39

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	104128.10	104128.10
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103828.10	103828.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	84291.39	84291.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	221.00	221.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	84070.39	84070.39

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City State Zip Code  
Lake Waccamaw NC 28450-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cypress Pathology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 02 / 2009  
Transaction ID: SA11AI.57729  
Amount of Each Receipt this Period: 300.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
John M. Bryan

Mailing Address 10 Requa Pl

City State Zip Code  
Piedmont CA 94611-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 30 / 2009  
Transaction ID: SA11AI.57930  
Amount of Each Receipt this Period: 250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Raymond Groves Burrington

Mailing Address C/of Estate of R. G. Burrington  
109 Northshore Dr Ste 303

City State Zip Code  
Knoxville TN 37919-4925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Deceased Deceased

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt: 01 / 13 / 2009  
Transaction ID: SA11AI.57956  
Amount of Each Receipt this Period: 28500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 29050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thomas A. Chervenak

Mailing Address 5573 Beverly Square Way

City State Zip Code  
Knoxville TN 37918-3676

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 30 / 2009  
**Transaction ID:** SA11AI.58032

Amount of Each Receipt this Period 600.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Wayne Clark

Mailing Address 6231 Queenswood Ln

City State Zip Code  
Houston TX 77008-6342

FEC ID number of contributing federal political committee. C

Name of Employer Hardwood Lbr. Co.      Occupation Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 05 / 2009  
**Transaction ID:** SA11AI.58047

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Kelvin Contreary

Mailing Address 1 Wren St

City State Zip Code  
New Orleans LA 70124-4121

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed      Occupation Medical Doctor

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2009  
**Transaction ID:** SA11AI.58086

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul D. Cook	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 2146 Thorntree Ln Ste FJ79	<b>Transaction ID:</b> SA11AI.58092
	City State Zip Code Palatine IL 60067-7512	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vince Hanke	Date of Receipt MM / DD / YYYY 01 / 12 / 2009
	Mailing Address 6795 Sunbriar Dr	<b>Transaction ID:</b> SA11AI.58534
	City State Zip Code Cumming GA 30040-6589	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Holloway	Date of Receipt MM / DD / YYYY 01 / 29 / 2009
	Mailing Address 701 S. Olive Ave	<b>Transaction ID:</b> SA11AI.58643
	City State Zip Code West Palm Beach FL 33401-0000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Paul Jingoian	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 20431 SW Crestmont PI	<b>Transaction ID:</b> SA11AI.58718
	City State Zip Code Sherwood OR 97140-8696	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation AngelVision Tech. CEO - President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kylee Kvassay	Date of Receipt MM / DD / YYYY 01 / 12 / 2009
	Mailing Address 4932 Meredith St	<b>Transaction ID:</b> SA11AI.58844
	City State Zip Code Lincoln NE 68506-5324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Farmers Insurance Group District Trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles A. Livingston	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 4548 Longfellow Dr	<b>Transaction ID:</b> SA11AI.58922
	City State Zip Code Plano TX 75093-3520	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Raytheon Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Jaime J. Marcio		Date of Receipt MM / DD / YYYY 01 / 13 / 2009		
	Mailing Address 2428 Upas Ave Apt 10		<b>Transaction ID:</b> SA11AI.58984		
	City McAllen	State TX	Zip Code 78501-6456	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer South TX Comm College	Occupation professor	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia McQuiddy		Date of Receipt MM / DD / YYYY 01 / 30 / 2009		
	Mailing Address 175 Virginia Ter		<b>Transaction ID:</b> SA11AI.59062		
	City Madison	State WI	Zip Code 53726-5339	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Pierson		Date of Receipt MM / DD / YYYY 01 / 26 / 2009		
	Mailing Address 7910 Arbor Hill Ct		<b>Transaction ID:</b> SA11AI.59305		
	City Sugar Land	State TX	Zip Code 77479-6147	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer TAS	Occupation Bus Owner--Energy Efficiency Bus	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela P. Potter		Date of Receipt	
	Mailing Address 538 Spring Place Rd NE		M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.59328
	White	GA	30184-2232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Retired		Occupation Retired		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John R. Seydel		Date of Receipt	
	Mailing Address 1027 Peachtree Battle Ave NW		M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.59576
	Atlanta	GA	30327-1317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Retired		Occupation Retired		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth M. Sims		Date of Receipt	
	Mailing Address PO Box 93893		M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.59619
	Las Vegas	NV	89193-3893	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Southern Wine and Spirits of Nevada		Occupation Computer Programmer		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Sinde

Mailing Address PO Box 217

City State Zip Code  
Fairfield CA 94533-0021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pandamerica Imports, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2009

**Transaction ID:** SA11AI.59621

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nicholas Vakula

Mailing Address 5235 E Cholla St

City State Zip Code  
Scottsdale AZ 85254-4718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Vakula Law Firm, P.C. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** SA11AI.59835

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ► **43900.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 55	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Brooks		Date of Receipt																					
	Mailing Address 870 Ribaut Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		0	5		2	0	0	9														
	City	State	Zip Code		<b>Transaction ID:</b> SA15.60193																			
	Beaufort	SC	29902-5428																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				221.00																				
Name of Employer Information Requested		Occupation Information Requested		Former employee COBRA payment																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		221.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	221.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	221.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Transaction ID: SB21B.60139  
Date of Disbursement

Mailing Address 14970 Farm Creek Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

City State Zip Code  
Woodbridge VA 22191-3550

Amount of Each Disbursement this Period

1887.95
---------

Purpose of Disbursement  
Non Candidate Party Mailing Serv  
Candidate Name

003
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Transaction ID: SB21B.60040  
Date of Disbursement

Mailing Address 14970 Farm Creek Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City State Zip Code  
Woodbridge VA 22191-3550

Amount of Each Disbursement this Period

2330.90
---------

Purpose of Disbursement  
Non Candidate Party Mailing Serv  
Candidate Name

003
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
American National Insurance Co.

Transaction ID: SB21B.60041  
Date of Disbursement

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

City State Zip Code  
Galvison TX 77550-1830

Amount of Each Disbursement this Period

1435.43
---------

Purpose of Disbursement  
401k Employee Cont plus Co Match and Fee  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

5654.28
---------

TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMGRO, Inc.	Transaction ID: SB21B.60042 Date of Disbursement 01 / 27 / 2009
	Mailing Address 100 N. Parkway PO Box 15089	Amount of Each Disbursement this Period 821.02
	City Worcester State MA Zip Code 01615-0089	
	Purpose of Disbursement D and O Insurance Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) B & B Duplicators	Transaction ID: SB21B.60142 Date of Disbursement 01 / 09 / 2009
	Mailing Address 818 18th Street NW LL15	Amount of Each Disbursement this Period 1189.69
	City Washington State DC Zip Code 20006-0000	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) B & B Duplicators	Transaction ID: SB21B.60144 Date of Disbursement 01 / 30 / 2009
	Mailing Address 818 18th Street NW LL15	Amount of Each Disbursement this Period 396.56
	City Washington State DC Zip Code 20006-0000	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2407.27
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC	Transaction ID: SB21B.60046 Date of Disbursement
	Mailing Address PO Box 73378	<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Cleveland State OH Zip Code 44193-3378	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent, Tax, Maint & Utilities	<input type="text" value="9903.66"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Louise Calise	Transaction ID: SB21B.60047 Date of Disbursement
	Mailing Address 6802 Dante Ct	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Springfield State VA Zip Code 22152-3328	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay	<input type="text" value="1352.73"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Louise Calise	Transaction ID: SB21B.60048 Date of Disbursement
	Mailing Address 6802 Dante Ct	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Springfield State VA Zip Code 22152-3328	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay	<input type="text" value="1352.73"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12609.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Louise Calise <hr/> Mailing Address 6802 Dante Ct <hr/> City Springfield State VA Zip Code 22152-3328 <hr/> Purpose of Disbursement Michaels - Office supplies (See Memo) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60049 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 41.90 <hr/> Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Michaels Craft and Supply <hr/> Mailing Address 1110 Stafford Market Plc <hr/> City Stafford State VA Zip Code 22556-4524 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60049.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 41.90 <hr/> Category/Type 001 [MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions <hr/> Mailing Address 21205 Ridgetop Circle <hr/> City Sterling State VA Zip Code 20166-6501 <hr/> Purpose of Disbursement Copier Maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 386.04 <hr/> Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	427.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CSC - Corp. Services Co.	Transaction ID: SB21B.60148 Date of Disbursement
	Mailing Address PO Box 13397	<input type="text" value="01"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19101-3397	Amount of Each Disbursement this Period
	Purpose of Disbursement DC Corp Filing and Registration Candidate Name	<input type="text" value="341.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Andrew R Davis	Transaction ID: SB21B.60054 Date of Disbursement
	Mailing Address 1639 Longleaf Dr.	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Myrtle Beach State SC Zip Code 29575-5400	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay Candidate Name	<input type="text" value="1241.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Andrew R Davis	Transaction ID: SB21B.60055 Date of Disbursement
	Mailing Address 1639 Longleaf Dr.	<input type="text" value="01"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Myrtle Beach State SC Zip Code 29575-5400	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Net Pay Candidate Name	<input type="text" value="1241.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3824.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Unemployment Company Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60058 Date of Disbursement 01 / 06 / 2009  Amount of Each Disbursement this Period 153.78  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Admin. Funding Assessment Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60059 Date of Disbursement 01 / 20 / 2009  Amount of Each Disbursement this Period 24.31  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue  Mailing Address 941 North Capitol St, NE 6th Flr  City Washington State DC Zip Code 20002-0000 Purpose of Disbursement DC - Withholding Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60060 Date of Disbursement 01 / 20 / 2009  Amount of Each Disbursement this Period 56.00  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	234.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) DC Office of Tax &amp; Revenue</p> <p>Mailing Address 941 North Capitol St, NE 6th Flr</p> <p>City Washington State DC Zip Code 20002-0000</p> <p>Purpose of Disbursement DC - Unemployment Company</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60061</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="158.01"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) De Lage Landen Financial</p> <p>Mailing Address PO Box 41601</p> <p>City Philadelphia State PA Zip Code 19101-1601</p> <p>Purpose of Disbursement Copier Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60161</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="523.82"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan M Dickson</p> <p>Mailing Address 3410 Vineland Place</p> <p>City Dumfries State VA Zip Code 22026-0000</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60063</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="962.79"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1644.62"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan M Dickson  Mailing Address 3410 Vineland Place  City Dumfries State VA Zip Code 22026-0000  Purpose of Disbursement Employee Net Pay Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 977.79
<b>B.</b>	Full Name (Last, First, Middle Initial) DirectMail.com  Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh  City Prince Frederick State MD Zip Code 20678-0000  Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60211 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 3405.78
<b>C.</b>	Full Name (Last, First, Middle Initial) Paula Edwards  Mailing Address 1200 G Street, N.W. Suite 800  City Washington State DC Zip Code 20005-0000  Purpose of Disbursement FEC Filing and amendments Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5383.57

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 22 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paula Edwards</p> <p>Mailing Address 1200 G Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005-0000</p> <p>Purpose of Disbursement Fec Filing and Amendments Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60067 <b>Date of Disbursement</b> 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Medicare Company Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60069 <b>Date of Disbursement</b> 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 171.53</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit</p> <p>Mailing Address PO Box 970030</p> <p>City St. Louis State MO Zip Code 63197-0030</p> <p>Purpose of Disbursement Medicare Employee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60070 <b>Date of Disbursement</b> 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 171.53</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1593.06

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Social Security Company Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60071 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 733.42 Category/Type: 001

<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Social Security Employee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60072 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 733.42 Category/Type: 001

<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Federal Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60073 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1146.00 Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2612.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Federal Unemployment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60074 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 97.24 Category/Type: 001

<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Medicare Company Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60075 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 176.24 Category/Type: 001

<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit Mailing Address PO Box 970030 City St. Louis State MO Zip Code 63197-0030 Purpose of Disbursement Medicare Employee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60076 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 176.24 Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>449.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement Social Security Company  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.60077

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

753.60

**B.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement Social Security Employee  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.60078

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

753.60

**C.** Financial Agent Federal Tax Deposit

Full Name (Last, First, Middle Initial)

Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement Federal Withholding  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.60079

Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

1174.00

SUBTOTAL of Disbursements This Page (optional) ▶

2681.20

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions</p> <p>Mailing Address Dept 4272</p> <p>City Carol Stream State IL Zip Code 60122-4272</p> <p>Purpose of Disbursement Postage Meter Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60153</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="82.38"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions</p> <p>Mailing Address Dept 4272</p> <p>City Carol Stream State IL Zip Code 60122-4272</p> <p>Purpose of Disbursement Postage &amp; Meter Resets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60081</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Great American Leasing</p> <p>Mailing Address 8742 INNOVATION WAY</p> <p>City CHICAGO State IL Zip Code 60682-0087</p> <p>Purpose of Disbursement Post Meter Lease Agrmt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60165</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164.71"/></p> <p>Category/Type: <input type="text" value="001"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Casey T Hansen	Transaction ID: SB21B.60083 Date of Disbursement 01 / 07 / 2009
	Mailing Address 1445 Ogden St. NW #212	
	City Washington State DC Zip Code 20010-0000	Amount of Each Disbursement this Period 951.68
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Casey T Hansen	Transaction ID: SB21B.60084 Date of Disbursement 01 / 21 / 2009
	Mailing Address 1445 Ogden St. NW #212	
	City Washington State DC Zip Code 20010-0000	Amount of Each Disbursement this Period 952.68
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sean N Haugh	Transaction ID: SB21B.60085 Date of Disbursement 01 / 07 / 2009
	Mailing Address 1821 Hillandale Road #1B-322	
	City Durham State NC Zip Code 27705-0000	Amount of Each Disbursement this Period 1359.25
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3263.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sean N Haugh	Transaction ID: SB21B.60086 Date of Disbursement 01 / 21 / 2009
	Mailing Address 1821 Hillandale Road #1B-322	Amount of Each Disbursement this Period 1456.14
	City Durham State NC Zip Code 27705-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hickey, Michael P. & Associates	Transaction ID: SB21B.60155 Date of Disbursement 01 / 09 / 2009
	Mailing Address 9522 Nassington Ct.	Amount of Each Disbursement this Period 1250.00
	City Richmond State VA Zip Code 23229-6057	
	Purpose of Disbursement Writing for Non Candidate Mailing Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ideal Mailing, Inc.	Transaction ID: SB21B.60169 Date of Disbursement 01 / 30 / 2009
	Mailing Address 800 Overhead Dr.	Amount of Each Disbursement this Period 4225.83
	City Oklahoma City State OK Zip Code 73128-0000	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6931.97
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
J. S. A., Inc.

Transaction ID: SB21B.60090  
Date of Disbursement

Mailing Address 1996 Cromwell Bridge Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City Baltimore State MD Zip Code 21234-0000

Amount of Each Disbursement this Period

Purpose of Disbursement  
Tele Fundraising Consultant

001
Category/ Type

625.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Joe Ragan's

Transaction ID: SB21B.60157  
Date of Disbursement

Mailing Address PO Box 125

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

City Springfield State VA Zip Code 22150-0125

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Supplies

001
Category/ Type

107.12
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Joe Ragan's

Transaction ID: SB21B.60159  
Date of Disbursement

Mailing Address PO Box 125

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City Springfield State VA Zip Code 22150-0125

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Supplies

001
Category/ Type

281.23
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1013.35
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Robert S Kraus	Transaction ID: SB21B.60093 Date of Disbursement																			
	Mailing Address 5375 Duke Street Apt 905	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
	City Alexandria State VA Zip Code 22304-0000	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"><tr><td>1401.56</td></tr></table>	1401.56																		
1401.56																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) Robert S Kraus	Transaction ID: SB21B.60094 Date of Disbursement																			
	Mailing Address 5375 Duke Street Apt 905	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	9												
	City Alexandria State VA Zip Code 22304-0000	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"><tr><td>1462.88</td></tr></table>	1462.88																		
1462.88																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) MAMSI - UnitedHealth (WFG)	Transaction ID: SB21B.60095 Date of Disbursement																			
	Mailing Address Dept. CH-10151	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
	City Palatine State IL Zip Code 60055-0151	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Health Insurance Candidate Name	<table border="1"><tr><td>1307.22</td></tr></table>	1307.22																		
1307.22																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4171.66</td></tr></table>	4171.66
4171.66		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MCS Direct, Inc.	Transaction ID: SB21B.60167 Date of Disbursement 01 / 09 / 2009
	Mailing Address 321 Manley Street	Amount of Each Disbursement this Period 5013.33
	City West Bridgewater State MA Zip Code 02379-0000	
	Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mark J. Meranta	Transaction ID: SB21B.60097 Date of Disbursement 01 / 07 / 2009
	Mailing Address 5883 Anthony Dr.	Amount of Each Disbursement this Period 381.56
	City Woodbridge State VA Zip Code 22193-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mark J. Meranta	Transaction ID: SB21B.60098 Date of Disbursement 01 / 21 / 2009
	Mailing Address 5883 Anthony Dr.	Amount of Each Disbursement this Period 479.60
	City Woodbridge State VA Zip Code 22193-0000	
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5874.49
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 890 Mountain Ave City New Providence State NJ Zip Code 07974-0000 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60099 Date of Disbursement 01 / 31 / 2009 Amount of Each Disbursement this Period 770.28 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) National Electronic Type, Inc Mailing Address 2320 S. Kansas Ave City Topeka State KS Zip Code 66611-0000 Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60171 Date of Disbursement 01 / 09 / 2009 Amount of Each Disbursement this Period 869.75 003 Category/ Type
C.	Full Name (Last, First, Middle Initial) National Electronic Type, Inc Mailing Address 2320 S. Kansas Ave City Topeka State KS Zip Code 66611-0000 Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60210 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 282.91 003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1922.94

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) O'Neill Marketing Company <hr/> Mailing Address 10805 Main St. #400 <hr/> City Fairfax State VA Zip Code 22030-0000 <hr/> Purpose of Disbursement Party Prospect Mail List Non Candidate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 825.44
<b>B.</b>	Full Name (Last, First, Middle Initial) PayPal Merchant Services <hr/> Mailing Address 2211 N. First St. <hr/> City San Jose State CA Zip Code 95131-0000 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 620.99
<b>C.</b>	Full Name (Last, First, Middle Initial) Austin W Petersen <hr/> Mailing Address 309 N. Jordan St. Apt 102 <hr/> City Alexandria State VA Zip Code 22304-0000 <hr/> Purpose of Disbursement Employee Net Pay Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 1314.44

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2760.87

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Austin W Petersen	Transaction ID: SB21B.60108 Date of Disbursement 01 / 21 / 2009
	Mailing Address 309 N. Jordan St. Apt 102	
	City Alexandria State VA Zip Code 22304-0000	Amount of Each Disbursement this Period 1314.45
	Purpose of Disbursement Employee Net Pay Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC - Riggs Bank	Transaction ID: SB21B.60110 Date of Disbursement 01 / 31 / 2009
	Mailing Address 2600 Virginia Ave NW	
	City Washington State DC Zip Code 20037-0000	Amount of Each Disbursement this Period 190.93
	Purpose of Disbursement Bank Service Charges Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.60111 Date of Disbursement 01 / 13 / 2009
	Mailing Address US Post Office Watergate 2500 virginia Ave NW	
	City Washington State DC Zip Code 20037-0000	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Postage for Non Candidate Mailing Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2005.38
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service Mailing Address PO Box 30015 City Reno State NV Zip Code 89520-3015 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60113 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 146.20 001 Category/Type
B.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service Mailing Address PO Box 30015 City Reno State NV Zip Code 89520-3015 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60114 Date of Disbursement 01 / 20 / 2009 Amount of Each Disbursement this Period 20.62 001 Category/Type
C.	Full Name (Last, First, Middle Initial) William Redpath Mailing Address 827 Anthony Ct SE City Leesburg State VA Zip Code 20175-0000 Purpose of Disbursement Travel Expenses (See Memo) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60115 Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 96.52 002 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	263.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Shell Oil Co. US	Transaction ID: SB21B.60115.0 Date of Disbursement 01 / 27 / 2009
	Mailing Address 1 Shell Plaza, 910 Louisiana St.	Amount of Each Disbursement this Period 96.52
	City Houston State TX Zip Code 77002-0000	
	Purpose of Disbursement Travel-Gasoline Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Stigler Printing	Transaction ID: SB21B.60175 Date of Disbursement 01 / 30 / 2009
	Mailing Address Box 549 - 204 S. Broadway	Amount of Each Disbursement this Period 2070.07
	City Stigler State OK Zip Code 74462-0000	
	Purpose of Disbursement Non Candidate Party Printing Serv Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Telecompute Corporation	Transaction ID: SB21B.60177 Date of Disbursement 01 / 09 / 2009
	Mailing Address P.O. Box 106019	Amount of Each Disbursement this Period 114.88
	City Atlanta State GA Zip Code 30348-6019	
	Purpose of Disbursement Tele-data Services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2184.95
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Terra Eclipse, Inc.	Transaction ID: SB21B.60179
	Mailing Address 9043 Soquel Dr.	Date of Disbursement 01 / 09 / 2009
	City Aptos State CA Zip Code 95003-0000	Amount of Each Disbursement this Period 3592.33
	Purpose of Disbursement Website Management Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Terra Eclipse, Inc.	Transaction ID: SB21B.60181
	Mailing Address 9043 Soquel Dr.	Date of Disbursement 01 / 30 / 2009
	City Aptos State CA Zip Code 95003-0000	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Website Management Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.60182
	Mailing Address PO Box 25505	Date of Disbursement 01 / 09 / 2009
	City Lehigh Valley State PA Zip Code 18002-5505	Amount of Each Disbursement this Period 183.36
	Purpose of Disbursement Tele-data Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5775.69
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement Tele-data Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60127 Date of Disbursement 01 / 30 / 2009	Amount of Each Disbursement this Period 178.03
B.	Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644 City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60128 Date of Disbursement 01 / 06 / 2009	Amount of Each Disbursement this Period 322.00
C.	Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation Mailing Address PO Box 26644 City Richmond State VA Zip Code 23261-6644 Purpose of Disbursement VA - Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60129 Date of Disbursement 01 / 20 / 2009	Amount of Each Disbursement this Period 330.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>830.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) Warner, Norcross & Judd <hr/> Mailing Address 1900 Fifth Third Center 111 Lyon Street NW <hr/> City Grand Rapids State MI Zip Code 49503-2487 <hr/> Purpose of Disbursement Legal Services Candidate Name Category/Type <b>001</b>	Transaction ID: SB21B.60185 Date of Disbursement 01 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 2625.00
B.	Full Name (Last, First, Middle Initial) Warner, Norcross & Judd <hr/> Mailing Address 1900 Fifth Third Center 111 Lyon Street NW <hr/> City Grand Rapids State MI Zip Code 49503-2487 <hr/> Purpose of Disbursement Legal Services Candidate Name Category/Type <b>001</b>	Transaction ID: SB21B.60131 Date of Disbursement 01 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 3250.00
C.	Full Name (Last, First, Middle Initial) Whitaker Brothers, Inc. <hr/> Mailing Address 12410 Washington Ave. Attn: Gene Vetere <hr/> City Rockville State MD Zip Code 20852-0000 <hr/> Purpose of Disbursement Postage Machine Supplies Candidate Name Category/Type <b>001</b>	Transaction ID: SB21B.60186 Date of Disbursement 01 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 33.05

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5908.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Worldwide Express - DHL Mailing Address 1911 North Ft. Myer Dr. Ste 108 City Arlington State VA Zip Code 22209-0000 Purpose of Disbursement Shipping Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 87.55 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Worldwide Express - DHL Mailing Address 1911 North Ft. Myer Dr. Ste 108 City Arlington State VA Zip Code 22209-0000 Purpose of Disbursement Shipping Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60190 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 409.59 Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	497.14
<b>TOTAL</b> This Period (last page this line number only) .....	83172.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kylee Kvassay

Transaction ID: SB28A.60194

Date of Disbursement

<sup>M</sup> <input type="text" value="0"/>	<sup>M</sup> <input type="text" value="1"/>	/	<sup>D</sup> <input type="text" value="1"/>	<sup>D</sup> <input type="text" value="3"/>	/	<sup>Y</sup> <input type="text" value="2"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="9"/>
---------------------------------------------	---------------------------------------------	---	---------------------------------------------	---------------------------------------------	---	---------------------------------------------	---------------------------------------------	---------------------------------------------	---------------------------------------------

Mailing Address 4932 Meredith St

City Lincoln State NE Zip Code 68506-5324

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution Refund

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

250.00
--------

TOTAL This Period (last page this line number only) ..... ▶

250.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Advanced Mailing Services, LLC			Nature of Debt (Purpose): Non Candidate Party Maili- ng Serv
Mailing Address 14970 Farm Creek Drive			
City	State	ZIP Code	
Woodbridge	VA	22191-3550	

Outstanding Balance Beginning This Period		Transaction ID: SD10.57634	
3254.48			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1887.95	1366.53	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Advanced Mailing Services, LLC			Nature of Debt (Purpose): Non Candidate Party Maili- ng Serv
Mailing Address 14970 Farm Creek Drive			
City	State	ZIP Code	
Woodbridge	VA	22191-3550	

Outstanding Balance Beginning This Period		Transaction ID: SD10.60197	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4215.64	0.00	4215.64	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Arcade Press			Nature of Debt (Purpose): Office Supplies
Mailing Address 5436 Harford Rd.			
City	State	ZIP Code	
Baltimore	MD	21214-2292	

Outstanding Balance Beginning This Period		Transaction ID: SD10.60198	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1028.00	0.00	1028.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	6610.17
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> B & B Duplicators			Nature of Debt (Purpose): Non Candidate Party Mail- ing Serv
Mailing Address 818 18th Street NW LL15			
City Washington	State DC	ZIP Code 20006-0000	

Outstanding Balance Beginning This Period 1189.69		<b>Transaction ID: SD10.54833</b>	
Amount Incurred This Period 0.00	Payment This Period 1189.69	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> B & B Duplicators			Nature of Debt (Purpose): Non Candidate Party Mail- ing Serv
Mailing Address 818 18th Street NW LL15			
City Washington	State DC	ZIP Code 20006-0000	

Outstanding Balance Beginning This Period 687.37		<b>Transaction ID: SD10.57636</b>	
Amount Incurred This Period 0.00	Payment This Period 396.56	Outstanding Balance at Close of This Period 290.81	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> B & B Duplicators			Nature of Debt (Purpose): Non Candidate Party Mail- ing Serv
Mailing Address 818 18th Street NW LL15			
City Washington	State DC	ZIP Code 20006-0000	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.60199</b>	
Amount Incurred This Period 1602.11	Payment This Period 0.00	Outstanding Balance at Close of This Period 1602.11	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	1892.92
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CNA Insurance	Nature of Debt (Purpose): Liability Insurance
Mailing Address PO Box 382033	
City Pittsburgh State PA ZIP Code 15250-8033	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.60200	
Amount Incurred This Period 1260.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1260.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions	Nature of Debt (Purpose): Copier Maintenance Contract
Mailing Address 21205 Ridgetop Circle	
City Sterling State VA ZIP Code 20166-6501	

Outstanding Balance Beginning This Period 386.04	<b>Transaction ID:</b> SD10.57637	
Amount Incurred This Period 0.00	Payment This Period 386.04	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CSC - Corp. Services Co.	Nature of Debt (Purpose): DC Corporation Filing Fee
Mailing Address PO Box 13397	
City Philadelphia State PA ZIP Code 19101-3397	

Outstanding Balance Beginning This Period 341.00	<b>Transaction ID:</b> SD10.57638	
Amount Incurred This Period 0.00	Payment This Period 341.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1260.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> De Lage Landen Financial			Nature of Debt (Purpose): Copier Lease
Mailing Address PO Box 41601			
City Philadelphia	State PA	ZIP Code 19101-1601	

Outstanding Balance Beginning This Period <input type="text" value="523.82"/>		<b>Transaction ID:</b> SD10.57639	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="523.82"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> De Lage Landen Financial			Nature of Debt (Purpose): Copier Lease
Mailing Address PO Box 41601			
City Philadelphia	State PA	ZIP Code 19101-1601	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.60202	
Amount Incurred This Period <input type="text" value="523.82"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="523.82"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DirectMail.com			Nature of Debt (Purpose): Non Candidate Party Mail- ing Service
Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh			
City Prince Frederick	State MD	ZIP Code 20678-0000	

Outstanding Balance Beginning This Period <input type="text" value="9215.77"/>		<b>Transaction ID:</b> SD10.57640	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9215.77"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="9739.59"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Paula Edwards			Nature of Debt (Purpose): FEC Filing and Amendments
Mailing Address 1200 G Street, N.W. Suite 800			
City Washington	State DC	ZIP Code 20005-0000	

Outstanding Balance Beginning This Period 1000.00		<b>Transaction ID: SD10.57641</b>	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> FP Mailing Solutions			Nature of Debt (Purpose): Postage Meter Reset
Mailing Address Dept 4272			
City Carol Stream	State IL	ZIP Code 60122-4272	

Outstanding Balance Beginning This Period 82.38		<b>Transaction ID: SD10.57642</b>	
Amount Incurred This Period 0.00	Payment This Period 82.38	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Great American Leasing			Nature of Debt (Purpose): Postage Meter Lease
Mailing Address 8742 INNOVATION WAY			
City CHICAGO	State IL	ZIP Code 60682-0087	

Outstanding Balance Beginning This Period 164.71		<b>Transaction ID: SD10.57643</b>	
Amount Incurred This Period 0.00	Payment This Period 164.71	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hatch, Denny Assc., Inc.			Nature of Debt (Purpose): Writing for Non-Candidate Party Mailing
Mailing Address 310 Gaskill Street			
City Philadelphia	State PA	ZIP Code 19147-1503	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.60203</b>	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1500.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hickey, Michael P. & Associates			Nature of Debt (Purpose): Writing for Non Candidate Mailing
Mailing Address 9522 Nassington Ct.			
City Richmond	State VA	ZIP Code 23229-6057	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		<b>Transaction ID: SD10.54834</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hickey, Michael P. & Associates			Nature of Debt (Purpose): Writing for Non Candidate Mailing
Mailing Address 9522 Nassington Ct.			
City Richmond	State VA	ZIP Code 23229-6057	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		<b>Transaction ID: SD10.57644</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ideal Mailing, Inc.	Nature of Debt (Purpose): Non Candidate Mailing Service
Mailing Address 800 Overhead Dr.	
City State ZIP Code Oklahoma City OK 73128-0000	

Outstanding Balance Beginning This Period 4225.83	<b>Transaction ID:</b> SD10.57645	
Amount Incurred This Period 0.00	Payment This Period 4225.83	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Ragan's	Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 125	
City State ZIP Code Springfield VA 22150-0125	

Outstanding Balance Beginning This Period 420.08	<b>Transaction ID:</b> SD10.57646	
Amount Incurred This Period 0.00	Payment This Period 388.35	Outstanding Balance at Close of This Period 31.73

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MacBain Printing Co. Inc.	Nature of Debt (Purpose): Non Candidate Party Printing Service
Mailing Address 1301-B Governor Ct.	
City State ZIP Code Abington MD 21009-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.60205	
Amount Incurred This Period 590.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 590.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	621.73
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MCS Direct, Inc.			Nature of Debt (Purpose): Non Candidate Party Mail- ing Services
Mailing Address 321 Manley Street			
City West Bridgewater	State MA	ZIP Code 02379-0000	

Outstanding Balance Beginning This Period 5013.33		<b>Transaction ID:</b> SD10.57647	
Amount Incurred This Period 0.00	Payment This Period 5013.33	Outstanding Balance at Close of This Period 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Electronic Type, Inc			Nature of Debt (Purpose): Outreach Booth Materials
Mailing Address 2320 S. Kansas Ave			
City Topeka	State KS	ZIP Code 66611-0000	

Outstanding Balance Beginning This Period 869.75		<b>Transaction ID:</b> SD10.54835	
Amount Incurred This Period 0.00	Payment This Period 869.75	Outstanding Balance at Close of This Period 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Electronic Type, Inc			Nature of Debt (Purpose): Non Candidate Party Print- ing
Mailing Address 2320 S. Kansas Ave			
City Topeka	State KS	ZIP Code 66611-0000	

Outstanding Balance Beginning This Period 282.91		<b>Transaction ID:</b> SD10.57648	
Amount Incurred This Period 0.00	Payment This Period 282.91	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ONEILL Marketing Company			Nature of Debt (Purpose): Party Prospect Mail List Non Candidate
Mailing Address 10805 Main St. #400			
City Fairfax	State VA	ZIP Code 22030-0000	

Outstanding Balance Beginning This Period <input type="text" value="825.44"/>		<b>Transaction ID:</b> SD10.54836	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="825.44"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ONEILL Marketing Company			Nature of Debt (Purpose): Party Prospect Mail List Non Candidate
Mailing Address 10805 Main St. #400			
City Fairfax	State VA	ZIP Code 22030-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.60206	
Amount Incurred This Period <input type="text" value="1495.87"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1495.87"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PAETEC - US LEC Corp.			Nature of Debt (Purpose): Phone and Data Services
Mailing Address PO Box 601310			
City Charlotte	State NC	ZIP Code 28260-1310	

Outstanding Balance Beginning This Period <input type="text" value="1144.83"/>		<b>Transaction ID:</b> SD10.57649	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1144.83"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2640.70"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PAETEC - US LEC Corp.			Nature of Debt (Purpose): Phone and Data Services
Mailing Address PO Box 601310			
City Charlotte	State NC	ZIP Code 28260-1310	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.60207	
Amount Incurred This Period 1144.81	Payment This Period 0.00	Outstanding Balance at Close of This Period 1144.81	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PNC Master Card			Nature of Debt (Purpose): Travel and Office Expense
Mailing Address PO Box 790350			
City St. Louis	State MO	ZIP Code 63179-0350	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.60216	
Amount Incurred This Period 7612.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 7612.88	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Star Envelope			Nature of Debt (Purpose): Non Candidate Party Printing
Mailing Address PO box 740209, Dept. 40008			
City Atlanta	State GA	ZIP Code 30374-0209	

Outstanding Balance Beginning This Period 698.75		<b>Transaction ID:</b> SD10.57650	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 698.75	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶ 9456.44
<b>2) TOTALS</b> This Period (last page this line number only).....	▶
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Stigler Printing			Nature of Debt (Purpose): Non Candidate Party Printing
Mailing Address Box 549 - 204 S. Broadway			
City Stigler	State OK	ZIP Code 74462-0000	

Outstanding Balance Beginning This Period <input type="text" value="2070.07"/>		<b>Transaction ID:</b> SD10.57651	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2070.07"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Telecompute Corporation			Nature of Debt (Purpose): Phone and Data Services
Mailing Address P.O. Box 106019			
City Atlanta	State GA	ZIP Code 30348-6019	

Outstanding Balance Beginning This Period <input type="text" value="114.88"/>		<b>Transaction ID:</b> SD10.57652	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="114.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Terra Eclipse, Inc.			Nature of Debt (Purpose): Website Management
Mailing Address 9043 Soquel Dr.			
City Aptos	State CA	ZIP Code 95003-0000	

Outstanding Balance Beginning This Period <input type="text" value="9213.53"/>		<b>Transaction ID:</b> SD10.57653	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5592.33"/>	Outstanding Balance at Close of This Period <input type="text" value="3621.20"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3621.20"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Terra Eclipse, Inc.	Nature of Debt (Purpose): Website Management
Mailing Address 9043 Soquel Dr.	
City State ZIP Code Aptos CA 95003-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.60208	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Phone and Data Services
Mailing Address PO Box 25505	
City State ZIP Code Lehigh Valley PA 18002-5505	

Outstanding Balance Beginning This Period 183.36	<b>Transaction ID:</b> SD10.57654	
Amount Incurred This Period 0.00	Payment This Period 183.36	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Warner, Norcross & Judd	Nature of Debt (Purpose): Legal Services
Mailing Address 1900 Fifth Third Center 111 Lyon Street NW	
City State ZIP Code Grand Rapids MI 49503-2487	

Outstanding Balance Beginning This Period 2625.00	<b>Transaction ID:</b> SD10.57655	
Amount Incurred This Period 0.00	Payment This Period 2625.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	1500.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Whitaker Brothers, Inc.

Nature of Debt (Purpose):  
Postage Machine Fee

Mailing Address 12410 Washington Ave.  
Attn: Gene Vetere

City State ZIP Code  
Rockville MD 20852-0000

Outstanding Balance Beginning This Period

33.05

Transaction ID: SD10.57657

Amount Incurred This Period

0.00

Payment This Period

33.05

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Worldwide Express - DHL

Nature of Debt (Purpose):  
Shipping Services

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City State ZIP Code  
Arlington VA 22209-0000

Outstanding Balance Beginning This Period

578.19

Transaction ID: SD10.57656

Amount Incurred This Period

0.00

Payment This Period

497.14

Outstanding Balance at Close of This Period

81.05

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	81.05
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	41423.80
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	41423.80

Form/Schedule: **F3XN**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.